



December 20, 2002

ARKANSAS BEST
CORPORATION

RICHARD L. SPEARMAN
DIRECTOR - LEGAL DEPARTMENT
& CORPORATE ATTORNEY

DIRECT DIAL: 479-785-6204
RSpearman@arkbest.com

Clay Monroe, Assistant Regional Counsel
United States Environmental Protection Agency
Region 2
290 Broadway
New York, NY 10007-1866

Re: Berry's Creek Study Area, Bergen County, NJ

Dear Mr. Monroe,

I am writing on behalf of ABF Freight System, Inc. ("ABF"). ABF is a wholly owned subsidiary of Arkansas Best Corporation and is the successor by merger of Carolina Freight Carriers Corporation.

Enclosed is the Response of ABF Freight System, Inc. To Request For Information regarding the Berry's Creek Study Area in Bergen County, NJ.

Should you have any questions or need further information, please feel free to contact me.

Sincerely,

Richard L. Spearman

RS/encl.

RECEIVED
DEC 23 2002

**Response of ABF Freight System, Inc.
To Request For Information**

Re: United States Environmental Protection Agency
Region 2
Berry's Creek Study Area
Bergen County, NJ

Background:

ABF Freight System, Inc. ("ABF") is a Delaware corporation with its headquarters and principal place of business located at 3801 Old Greenwood Road, Fort Smith, AR. ABF operates as a less than truckload motor carrier of general commodities throughout the United States and maintains a terminal located at 256 Patterson Plank Road, Carlstadt, NJ 07072.

ABF is a wholly owned subsidiary of Arkansas Best Corporation ("ArBest"). ArBest is a Delaware corporation with its headquarters and principal place of business located at 3801 Old Greenwood Road, Fort Smith, AR.

Prior to 1995, Carolina Freight Carriers Corporation was a North Carolina corporation located at 1201 East Church Street, Cherryville, NC. In 1995, CFCC was merged into ABF. The property located at 256 Patterson Plank Road was owned by CFCC prior to the merger. It is currently owned by ABF.

1. a. ABF Freight System, Inc.
P.O. Box 10048
Fort Smith, AR 72917-0048
- b. Delaware corporation
- c.

| | |
|------------------------------------|---------------------------|
| Chairman of the Board of Directors | Robert A. Young III |
| ABF Freight System, Inc. | P.O. Box 10048 |
| | Fort Smith, AR 72917-0048 |
| President and CEO | David E. Stubblefield |
| ABF Freight System, Inc. | P.O. Box 10048 |
| | Fort Smith, AR 72917-0048 |

- d. ABF is a wholly owned subsidiary of ArBest.

| | |
|---|--|
| Chairman of the Board of Directors Arkansas Best Corporation | William A. Marquard P.O. Box 10048 Fort Smith, AR 72917-0048 |
|---|--|

| | |
|--|--|
| President & CEO Arkansas Best Corporation | Robert A. Young III P.O. Box 10048 Fort Smith, AR 72917-0048 |
|--|--|

- e. ABF was incorporated in Delaware on May 21, 1982. ABF's registered agents in Delaware and New Jersey are:

Delaware: The Corporation Trust Company
Corporation Trust Center
1209 Orange Street
Wilmington, DE 19801

New Jersey: The Corporation Trust Company
820 Bear Tavern Road
West Trenton, NJ 08628

ArBest was incorporated in Delaware on May 11, 1966. AreBest's registered agents in Delaware and New Jersey are:

Delaware: The Corporation Trust Company
Corporation Trust Center
1209 Orange Street
Wilmington, DE 19801

New Jersey: Not Registered

- f. CFCC was merged into ABF in 1995. CFCC no longer exists as a separate corporate entity and does not have an agent for service of process in any state.
2. ABF currently owns and operates a 3.7 acre site located at 256 Patterson Plank Road, Carlstadt, NJ.
 3. The site was purchased in 1978 by CFCC and has operated since that time as a less than truckload freight terminal. The site is currently owned by ABF.
 4. When CFCC purchased the site in 1978, it was being used as a trucking terminal. CFCC operated from the facility from 1978 until 1993. From 1993 until 1999, the

facility was leased to Billings Freight, an unrelated trucking company. ABF has operated from the site since 1999.

5. See 4 above.
6. The site has operated since 1978 as a less than truckload freight terminal.
 - a. See above.
 - b. None.
 - c. None.
 - d. NA
7. No.
8. No.
9. Attached.
10. From time to time, ABF transports hazardous materials through the Carlstadt terminal. None are stored at the site except as necessary to load it from one trailer to another.
11. NA
12. NA
13. NA
14. ABF removed four underground storage tanks from the site in February, 1999. The tanks had been inactive since 1993.

ABF removed five other underground storage tanks in May, 1999. The tanks had previously been abandoned and unknown to ABF.
15. Attached
16. NA.
17. NA
18. NA
19. NA

20. Mike Rogers, Director Real Estate
ABF Freight System, Inc.
P.O. Box 10048
Fort Smith, AR 72917-0048

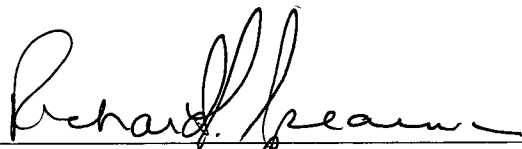
Larry Cross, Manager Safety and Security
ABF Freight System, Inc.
P.O. Box 10048
Fort Smith, AR 72917-0048

21. a. Articles of Merger, ABF Freight System, Inc
b. ABF Real Estate Management System

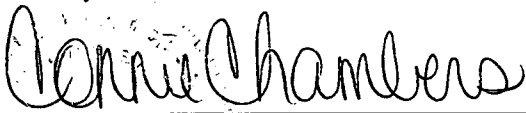
Certification of Answers To Request For Information

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all documents submitted herewith, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete, and that all documents submitted herewith are complete and authentic unless otherwise indicated. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. I am also aware that my company is under a continuing obligation to supplement its response to EPA's Request For Information if any additional information relevant to the matters addressed in EPA's Request For Information or the company's response thereto should become known or available to the company.

DATED: December 20, 2002.


Richard L. Spearman, Corporate Attorney

Subscribed and sworn before me a Notary Public in and for the State of Arkansas, this 20th day of December, 2002.


Notary Public

My Commission Expires: 3-2-2010



New Jersey Department of Environmental Protection

Bureau of Nonpoint Pollution Control
Division of Water Quality
PO Box 029
Trenton, NJ 08625-0029
Phone: (609) 633-7021
Fax: (609) 984-2147

RENEWAL OF AUTHORIZATION TO DISCHARGE
5G2 -General Permit Stormwater Basic

Facility Name:

PI ID #: 50446

ABF FREIGHT SYSTEMS INC

Facility Address:

NJPDES #: NJG0135691

256 PATERSON PLANK RD
CARLSTADT, NJ 07072

SIC Code: 4213

Annual Recertification Due: Oct - Dec

Type of Activity: Stormwater Discharge General Permit Authorization Renewal

Owner:

ABF FREIGHT SYSTEM INC
PO BOX 10048
FORT SMITH, AR 72917-0048

Operating Entity:

ABF FREIGHT SYSTEM INC
PO BOX 10048
FORT SMITH, AR 72917-0048

Issuance Date:

09/11/2002

Effective Date:

06/01/2002

Expiration Date:

05/31/2007

Your Request for Authorization under NJPDES General Permit No. NJ0088315 has been approved by the New Jersey Department of Environmental Protection.

Date: 09/11/2002

Barry Chalofsky, P.P., Chief
Bureau of Nonpoint Pollution Control
Division of Water Quality
New Jersey Department of Environmental Protection

STATE OF NEW JERSEY
DEPARTMENT OF COMMUNITY AFFAIRS
DIVISION OF FIRE SAFETY

SECOND NOTICE

ORDER TO PAY ANNUAL LIFE HAZARD USE REGISTRATION FEE

**** FINAL NOTICE --- PLEASE DISREGARD IF BILL HAS BEEN PAID ****
OWNER NUMBER: F-710249444 BILL FILED UNDER: 1421-53440-001-01

OWNER NAME AND ADDRESS

ABF FREIGHT SYSTEM INC
256 PATERSON PLANK RD
CARLSTADT, NJ 07072-2301

BLDG./USE/BUS. NAME AND ADDRESS:

MULTIPLE

ANNUAL BILL DATE: 07/12/02
ISSUED: 07/16/02

REGISTRATION ENCLOSED: 0

PAYMENT DUE: 08/15/02

PAY THIS AMOUNT: \$ 591.00

MAKE CHECK PAYABLE TO 'NJ DIVISION OF FIRE SAFETY'
(PLEASE INCLUDE OWNER NUMBER ON CHECK)

* RETURN THIS PORTION WITH CHECK TO INSURE PROPER RECORDING *

XX

THE ABOVE BUILDING/USE/BUSINESS IS REGIS-
TERED WITH THE NEW JERSEY DIVISION OF FIRE
SAFETY IN ACCORDANCE WITH THE UNIFORM FIRE
SAFETY ACT (P.L. 1983, c.383) N.J.S.A. 52:27D-192
et seq.

| REGISTRATION NUMBER | USE CODE | FEE | CHARGE |
|------------------------|-------------|-----|--------|
| 1421-58440-001-01 | BF22 | 591 | 591.00 |

PURSUANT TO SUBSECTION 10e OF THIS ACT, YOU
ARE ORDERED TO PAY THE ABOVE STATED
ANNUAL FEE. PLEASE RETURN THE DETACHABLE
PAYMENT STUB ALONG WITH YOUR CHECK MADE
PAYABLE TO THE 'NJ DIVISION OF FIRE SAFETY' AND
INCLUDE OWNER NUMBER ON CHECK

FAILURE TO PAY THIS AMOUNT WITHIN
30 DAYS OF RECEIPT OF THIS ORDER
MAY RESULT IN A PENALTY IN THE
AMOUNT OF THE FEE AND A DOCKETED
JUDGEMENT.

IF YOU HAVE ANY QUESTIONS
TELEPHONE: (609) 633-6144

DIVISION OF FIRE SAFETY
PO BOX 809
TRENTON, NJ 08625-0809

COMMISSIONER, DEPARTMENT OF COMMUNITY AFFAIRS
BY: GEORGE A. MILLER, CHIEF
BUREAU OF FIRE CODE ENFORCEMENT

TOTAL CHARGES DUE: \$ 591.00



State of New Jersey
DEPARTMENT OF COMMUNITY AFFAIRS

JAMES E. MCGREEVEY
Governor

SUSAN BASS LEVIN
Commissioner

ANNUAL LIFE HAZARD USE FEE

Dear Registrant:

Enclosed please find a Notice of Annual Life Hazard Use Registration Fee due or a Certificate of Registration for each life hazard use that is registered with the Division of Fire Safety. These fees are based on the occupancy, hazard, size and complexity of your business. A minimum of sixty-five percent of the fee is rebated directly to the local enforcing agency (LEA) to defray their costs of code enforcement, fire prevention and fire investigation. LEA costs include salaries, training, materials, and office overhead. A maximum of thirty-five percent of the fee is retained by the Division of Fire Safety to fund New Jersey's fire safety programs.

Life hazard uses are classified as one of thirty-seven types, in accordance with N.J.A.C. 5:70-2.4. Your specific type life hazard use is indicated by the Use Code appearing on the enclosed notice and the Certificate of Registration, which includes a description of the Use Code. If you believe a mistake has been made, you may contact the Local Enforcing Agency and discuss your concerns with the fire official, who will notify this office in writing if a change is in order.

In the event there have been any changes regarding the ownership, business name, type of use, etc., you should immediately notify us in writing. If you have sold your business or are yourself a new owner, kindly provide written information of your proper business name and address including your federal identification or social security number. Address your correspondence to: Division of Fire Safety, Attention: Application Processing Unit, PO Box 809, Trenton, NJ 08625-0809.

ADJUSTED BILL

If an Adjusted Bill is enclosed, there has been a recent change in the Life Hazard Use which is registered with the Division of Fire Safety. This item is being mailed to you because of that change which could include the addition of a new use, the recent identification of an existing use on your premises or a use code change.

ORDER TO PAY

If an Order To Pay is enclosed, more than 30 days ago a notice was issued from this office requiring you to pay an annual registration fee pursuant to the Uniform Fire Safety Act. According to our records, we have not yet received payment. Be advised that if you have not complied with the enclosed order within 60 days of the order issuance date, a Certificate of Judgment in the amount of the fee will be recorded against you and you will be subject to a penalty. If you have already mailed your payment for the registration fee, please disregard this order.



**DEPARTMENT OF TRANSPORTATION
HAZARDOUS MATERIALS INCIDENT REPORT**

Form Approved OMB No. 2137-0039

INSTRUCTIONS: Submit this report in duplicate to the Information Systems Manager, Office of Hazardous Materials Transportation, DHM-63, Research and Special Programs Administration, U.S. Department of Transportation, Washington, D.C. 20590. If space provided for any item is inadequate, complete that item under Section IX, keying to the entry number being completed. Copies of this form, in limited quantities, may be obtained from the Information Systems Manager, Office of Hazardous Materials Transportation. Additional copies in this prescribed format may be reproduced and used, if on the same size and kind of paper.

| | | | | |
|---|---|---|--|--|
| I. MODE, DATE, AND LOCATION OF INCIDENT | | | | |
| 1. MODE OF TRANSPORTATION: <input type="checkbox"/> AIR <input checked="" type="checkbox"/> HIGHWAY <input type="checkbox"/> RAIL <input type="checkbox"/> WATER <input type="checkbox"/> OTHER | | | | |
| 2. DATE AND TIME OF INCIDENT (Use Military Time, e.g. 8:30am = 0830, noon = 1200, 6pm = 1800, midnight = 2400). | | Date: 04 / 11 / 01 | | TIME: 1228 |
| 3. LOCATION OF INCIDENT (Include airport name in ROUTE/STREET if incident occurs at an airport.) CITY: CARLSTADT STATE: NJ COUNTY: BERGAN ROUTE/STREET: 256 PATERSON PLANK RD | | | | |
| II. DESCRIPTION OF CARRIER, COMPANY, OR INDIVIDUAL REPORTING | | | | |
| 4. FULL NAME ABF FREIGHT SYSTEM, INC | | 5. ADDRESS (Principal place of business) P.O. BOX 10048 FORT SMITH, AR 72917-0048 | | |
| 6. LIST YOUR OMC MOTOR CARRIER CENSUS NUMBER, REPORTING RAILROAD ALPHABETIC CODE, MERCHANT VESSEL NAME AND ID NUMBER OR OTHER REPORTING CODE OR NUMBER. | | MC 29910 | | |
| III. SHIPMENT INFORMATION (From Shipping Paper or Packaging) | | | | |
| 7. SHIPPER NAME AND ADDRESS (Principal place of business) AIRMOTIVE INTL INC 5439 NW 36 TH ST MIAMI SPRINGS FL 33166 | | 8. CONSIGNEE NAME AND ADDRESS (Principal place of business) TRANSPORTES AEREOS PORTUGUESES BLDG 340 NEWARK INTL AIRPORT NEWARK NJ 07114 | | |
| 9. ORIGIN ADDRESS (If different from Shipper address) N/A | | 10. DESTINATION ADDRESS (If different from Consignee address) N/A | | |
| 11. SHIPPING PAPER/WAYBILL IDENTIFICATION NO. 221832704 | | | | |
| IV. HAZARDOUS MATERIAL(S) SPILLED (NOTE: REFERENCE 49 CFR SECTION 172.101.) | | | | |
| 12. PROPER SHIPPING NAME CORROSIVE LIQUID NOS | 13. CHEMICAL/TRADE NAME FLUOBORIC ACID/SULFURIC ACID | 14. HAZARD CLASS 8 | 15. IDENTIFICATION NUMBER (e.g. UN 2764, NA 2020) UN1760 | |
| 16. IS MATERIAL A HAZARDOUS SUBSTANCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | 17. WAS THE RQ MET? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | |
| V. CONSEQUENCES OF INCIDENT, DUE TO THE HAZARDOUS MATERIAL. | | | | |
| 18. ESTIMATED QUANTITY HAZARDOUS MATERIAL 2.5GAL RELEASED (Include units of measurement) | | 19. FATALITIES NONE | 20. HOSPITALIZED INJURIES NONE | 21. NON-HOSPITALIZED INJURIES NONE |
| 22. NUMBER OF PEOPLE EVACUATED NONE | | | | |
| 23. ESTIMATED DOLLAR AMOUNT OF LOSS AND/OR PROPERTY DAMAGE, INCLUDING COST OF DECONTAMINATION OR CLEANUP (Round off in dollars) | | | | |
| A. PRODUCT LOSS N/A | B. CARRIER DAMAGE | C. PUBLIC/PRIVATE PROPERTY DAMAGE N/A | D. DECONTAMINATION/ CLEANUP N/A | E. OTHER N/A |
| 24. CONSEQUENCES ASSOCIATED WITH THE INCIDENT: <input type="checkbox"/> VAPOR (GAS) DISPERSION <input type="checkbox"/> MATERIAL ENTERED WATERWAY/SEWER <input checked="" type="checkbox"/> SPILLAGE <input type="checkbox"/> FIRE <input type="checkbox"/> EXPLOSION <input type="checkbox"/> ENVIRONMENTAL DAMAGE <input type="checkbox"/> NONE <input type="checkbox"/> OTHER: | | | | |
| VI. TRANSPORT ENVIRONMENT | | | | |
| 25. INDICATE TYPE(S) OF VEHICLE(S) INVOLVED: <input type="checkbox"/> CARGO TANK <input checked="" type="checkbox"/> VAN TRUCK/TRAILER <input type="checkbox"/> FLAT BED TRUCK/TRAILER <input type="checkbox"/> TANK CAR <input type="checkbox"/> RAIL CAR <input type="checkbox"/> TOFC/COFC <input type="checkbox"/> AIRCRAFT <input type="checkbox"/> BARGE <input type="checkbox"/> SHIP <input type="checkbox"/> OTHER: | | | | |
| 26. TRANSPORTATION PHASE DURING WHICH INCIDENT OCCURRED WAS DISCOVERED: <input type="checkbox"/> EN ROUTE BETWEEN ORIGIN/DESTINATION <input type="checkbox"/> LOADING <input checked="" type="checkbox"/> UNLOADING <input type="checkbox"/> TEMPORARY STORAGE/TERMINAL | | | | |
| 27. LAND USE AT INCIDENT SITE: <input type="checkbox"/> INDUSTRIAL <input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> AGRICULTURAL <input type="checkbox"/> UNDEVELOPED | | | | |
| 28. COMMUNITY TYPE AT SITE: <input type="checkbox"/> URBAN <input checked="" type="checkbox"/> SUBURBAN <input type="checkbox"/> RURAL | | | | |
| 29. WAS THE SPILL THE RESULT OF A VEHICLE ACCIDENT/DERAILMENT? IF YES AND APPLICABLE, ANSWER PARTS A THRU C. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | | |
| A. ESTIMATED SPEED: N/A | B. HIGHWAY TYPE: <input type="checkbox"/> DIVIDED/LIMITED ACCESS <input type="checkbox"/> UNDIVIDED | C. TOTAL NUMBER OF LANES <input type="checkbox"/> ONE <input type="checkbox"/> THREE <input type="checkbox"/> TWO <input type="checkbox"/> FOUR OR MORE | | SPACE FOR DOT USE ONLY |

VII. **PACKAGING INFORMATION:** If the package is overpacked (consists of several packages, e.g. glass jars within a fiberboard box), begin with Column A for information on the innermost package

| ITEM | | A | B | C |
|------|--|------------------------------------|-----|---|
| 30. | TYPE OF PACKAGING, INCLUDING INNER RECEPTACLES (e.g. Steel drum, tank car) | PAIL | | |
| 31. | CAPACITY OR WEIGHT PER UNIT PACKAGE (e.g. 55 gallons, 65 lbs.) | 5GAL | | |
| 32. | NUMBER OF PACKAGES OF SAME TYPE WHICH FAILED IN IDENTICAL MANNER | 1 | | |
| 33. | NUMBER OF PACKAGES OF SAME TYPE IN SHIPMENT | 30 | | |
| 34. | PACKAGE SPECIFICATION IDENTIFICATION (e.g. DOT 17E, DOT 105A100, UN 1A1 or none) | N/A | | |
| 35. | ANY OTHER PACKAGING MARKINGS (e.g. STC, 18/16-55-88, Y1.4/150/87) | N/A | | |
| 36. | NAME AND ADDRESS, SYMBOL OR REGISTRATION NUMBER OF PACKAGING MANUFACTURER | N/A | | |
| 37. | SERIAL NUMBER OF CYLINDERS, PORTABLE TANKS, CARGO TANKS, TANK CARS | N/A | | |
| 38. | TYPE OF LABELING OR PLACARDING APPLIED | 8 | | |
| 39. | IF RECONDITIONED OR REQUALIFIED | A. REGISTRATION NUMBER OR SYMBOL | N/A | |
| | | B. DATE OF LAST TEST OR INSPECTION | N/A | |
| 40. | EXEMPTION/APPROVAL/COMPETENT AUTHORITY NUMBER, IF APPLICABLE (e.g. DOT E1012) | N/A | | |

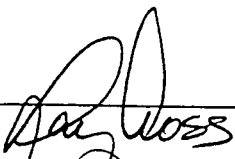
VIII. **DESCRIPTION OF PACKAGING FAILURE:** Check all applicable boxes for the package(s) identified above.

| 41. ACTION CONTRIBUTING TO PACKAGING FAILURE | | | | | | | | | | | | 42. OBJECT CAUSING FAILURE | | | | | | | | | | | | | | | | | |
|--|-------------------------------------|--------------------------|--------------------------|-----------------------------|--|---|--|--|---|----|--------------------------|----------------------------|--------------------------|------------------------|---|--|--|---|--|----|-------------------------------------|--------------------------|--------------------------|-------------------------|--|--|--|--|--|
| A | | | B | | | C | | | A | | | B | | | C | | | A | | | B | | | C | | | | | |
| a. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | TRANSPORT VEHICLE COLLISION | | | | | | j. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | CORROSION | | | | | | a. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | OTHER FREIGHT | | | | | |
| b. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | TRANSPORT VEHICLE OVERTURN | | | | | | k. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | METAL FATIGUE | | | | | | b. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | FORKLIFT | | | | | |
| c. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | OVERLOADING/OVERFILLING | | | | | | l. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | FRICTION/RUBBING | | | | | | c. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | NAIL/PROTRUSION | | | | | |
| d. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | LOOSE FITTINGS, VALVES | | | | | | m. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | FIRE/HEAT | | | | | | d. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | OTHER TRANSPORT VEHICLE | | | | | |
| e. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | DEFECTIVE FITTINGS, VALVES | | | | | | n. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | FREEZING | | | | | | e. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | WATER/OTHER LIQUID | | | | | |
| f. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | DROPPED | | | | | | o. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | VENTING | | | | | | f. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | GROUND/FLOOR/ROADWAY | | | | | |
| g. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | STRUCK/RAMMED | | | | | | p. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | VANDALISM | | | | | | g. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ROADSIDE OBSTACLE | | | | | |
| h. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | IMPROPER LOADING | | | | | | q. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | INCOMPATIBLE MATERIALS | | | | | | h. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | NONE | | | | | |
| i. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | IMPROPER BLOCKING | | | | | | r. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | OTHER | | | | | | i. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | OTHER | | | | | |

| 43. HOW PACKAGE(S) FAILED | | | | | | | | | | | | 44. PACKAGE AREA THAT FAILED | | | | | | | | | | | | 45. WHAT FAILED ON PACKAGE(S) | | | | | | | | | | | |
|---------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------|--|---|--|--|---|----|-------------------------------------|------------------------------|--------------------------|--------------|---|--|--|---|--|----|-------------------------------------|--------------------------|--------------------------|-------------------------------|--|--|--|--|--|--|--|--|--|--|--|
| A | | | B | | | C | | | A | | | B | | | C | | | A | | | B | | | C | | | | | | | | | | | |
| a. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | PUNCTURED | | | | | | a. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | END, FORWARD | | | | | | a. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | BASIC PACKAGE MATERIAL | | | | | | | | | | | |
| b. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | CRACKED | | | | | | b. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | END, REAR | | | | | | b. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | FITTING/VALVE | | | | | | | | | | | |
| c. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | BURST/INTERNAL PRESSURE | | | | | | c. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | SIDE, RIGHT | | | | | | c. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | CLOSURE | | | | | | | | | | | |
| d. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | RIPPED | | | | | | d. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | SIDE, LEFT | | | | | | d. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | CHIME | | | | | | | | | | | |
| e. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | CRUSHED | | | | | | e. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | TOP | | | | | | e. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | WELD/SEAM | | | | | | | | | | | |
| f. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | RUBBER/ABRADED | | | | | | f. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | BOTTOM | | | | | | f. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HOSE/PIPING | | | | | | | | | | | |
| g. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | RUPTURED | | | | | | g. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | CENTER | | | | | | g. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | INNER LINER | | | | | | | | | | | |
| h. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | OTHER | | | | | | h. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | OTHER | | | | | | h. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | OTHER | | | | | | | | | | | |

IX. **DESCRIPTION OF EVENTS:** Describe the sequence of events that led to incident, action taken at time discovered, and action taken to prevent future incidents. Include any recommendations to improve packaging, handling, or transportation of hazardous materials. Photographs and diagrams should be submitted when necessary for clarification. ATTACH A COPY OF THE HAZARDOUS WASTE MANIFEST FOR INCIDENTS INVOLVING HAZARDOUS WASTE. Continue on additional sheets if necessary

PAIL WAS CRUSHED BY OTHER FREIGHT, THE SPILL WAS CLEANED AND OVERPACKED FOR SHIPMENT.

| | | |
|---|---|------------------------------------|
| 46. NAME OF PERSON RESPONSIBLE FOR PREPARING REPORT LARRY CROSS | 47. SIGNATURE  | |
| 48. TITLE OF PERSON RESPONSIBLE FOR PREPARING REPORT MANAGER, HAZARDOUS MATERIAL | 49. TELEPHONE NUMBER (Area Code) 501-785-6221 | 50. DATE REPORT SIGNED 05/03/01 |

Patrick Kelley

From: "notifier@dep.state.nj.us"@liberty.state.nj.us
Sent: Thursday, February 28, 2002 8:55 AM
Subject: Survey Submission Confirmation

ABF FREIGHT SYSTEM, INC.
00000005551
256 PATERSON PLANK RD
CARLSTADT, NJ 07072

(Do not send emails to this account. This is a notification account only and is not monitored for incoming emails.)

Thank you for using CRTK electronic submission. Your Community Right to Know Survey for 2001 has been successfully submitted to the DEP on 02/28/2002.

This email receipt, along with a signed copy of the survey must be kept at the facility. You must provide copies of the survey to your local Police and Fire Departments, your Local Emergency Planning Committee and your County Lead Agency.

This receipt also confirms that you certified under penalty of law that you personally examined and were familiar with the information submitted in this survey and that based on your inquiry of those individuals immediately responsible for obtaining the information, you believe that all submitted information was true, accurate, and complete.

For any questions or assistance please contact the Bureau of Chemical Release Information and Prevention (BCRIP) at (609) 292-6714 between the hours of 8am to 5pm EST.

Revisions or appended surveys may NOT be made using the electronic submission. Please contact the BCRIP at the number above for instructions on how to submit a revised or appended survey.

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

COMMUNITY RIGHT TO KNOW SURVEY FOR 2001

For State and Federal Community Right to Know Reporting

Facility ID: 00000005551

C/M: 0205

SIC: 4213

NAIC: (A) Facility Location:

ABF FREIGHT SYSTEM, INC.
PO BOX 10048
FORT SMITH, AR 72917

256 PATERSON PLANK RD
CARLSTADT, NJ 07072

| | |
|---|---|
| (B) Does this facility Produce, Store, or Use Environmental Hazardous Substance on Table A: | (D) Number of employees at facility: 55 |
| 1. In any quantity? Yes (X) () No | (E) Number of facilities in New Jersey: 5 |
| 2. Above thresholds? Yes () (X) No | (F) Federal EIN: 710249444 |
| (C) Facility Status: <u>Active</u> | (G) If you are claiming an R&D lab exemption for <u>this facility</u> , enter your approval number here. <u>No R&D lab exemption</u> |
| (H) Are you reporting pursuant only to Section 312 of the Federal Emergency Planning and Community Right to Know Act (EPCRA/SARA, Title III)? Yes () No (X) | |
| (I) FACILITY EMERGENCY CONTACT: Name: Donald Bock Title: Branch Manager Facility Phone Number: (201) 939-8400 Emergency Contact Phone: (800) 755-6486 | |

(J) CERTIFICATION OF OWNER/OPERATOR OR AUTHORIZED REPRESENTATIVE – I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Signature: Patrick Kelley Date: 2-28-02 Phone #: (479) 785-6222
Name: PATRICK KELLEY Title: SAFETY SPECIALIST
Email: pkelley@abf.com

(Please sign and date. Mail copies to your local Police, Fire departments, county lead agency and local emergency planning committee.)

PART 1 - COMPANY/FACILITY INFORMATION

Mailing Address

A Mailing Address: **ABF FREIGHT SYSTEM, INC.**
Street/PO Box: **PO BOX 10048**
Apt./Suite No.:
City: **FORT SMITH**
State: **AR** Zip Code: **72917** -

REQUEST CHANGE

Facility Location

Location Name:
Street: **256 PATERSON PLANK RD**
City: **CARLSTADT**
State: **NJ** Zip Code: **07072** -

B Does this facility Produce, Store or Use Environmental Hazardous Substances on Table A:

1. in any quantity? * Yes ☒ No ☐ * You must check "YES" if you have Environmental Hazardous Substances in any quantity at your facility.
2. above thresholds? Yes ☐ No ☒

C Facility Status: **Active** ☒

Note: If you select "out of business" this survey must be completed for the period of time that the business was active.

D Number of employees at facilities: **55****E** Number of facilities in New Jersey: **5****F** Federal EIN: Click here for a list of facilities under this FEIN (Do NOT call us for this number. We cannot give it to you on the phone.) **710249444****G** If you are claiming R&D lab exemption P/E for this facility, enter your approval number: **H** Are you reporting only pursuant to Section 312 of the Federal Emergency Planning and Community Right to Know Act (EPCRA/SARA, Title III)? Yes ☐ No ☒

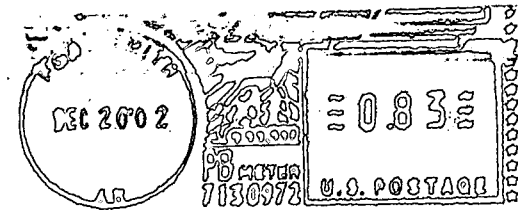
Contact Information

I Emergency Contact Name: **Donald Bock**
Title: **Branch Manager**
Emergency Contact Phone: **(800) 755-6486**
Facility Phone: **(201) 939-8400**

J Office Contact Name: **PATRICK KELLEY**
Title: **SAFETY SPECIALIST**
Office Contact Phone: **(479) 785-6222**
e-mail Address: **pkelley@abf.com**

ARKANSAS BEST CORPORATION

P.O. BOX 10048 / FORT SMITH, ARKANSAS 72917-0048



Clay Monroe, Assistant Regional Counsel
United States Environmental Protection
Agency
Region 2
290 Broadway
New York, NY 10007-1866

10007#1866

